24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E) PAGE 1 OF 1 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) CONSERVATIVE WARCHEST PAC	
CONSERVATIVE WARCHEST LAC	C C00557595
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file	
Full Name of Payee	Date of Public Distribution/Dissemination
Strategic Media Placement	10 27 Y Y Y Y
Mailing Address 7669 Stagers Loop	Amount
City State Zip Code	13800.00
Delaware OH 43015	Transaction ID : SE.4272 Date of Disbursement or Obligation
Purpose of Expenditure Media Buy Category/ Type	001 10 27 7 2014
Name of Federal Candidate Suppo	ort Office Sought: House District: 00
KAY R HAGAN Oppos	se President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 43550.00	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
City State Zip Code	
State Zip Gode	
Purpose of Expenditure Category/	Date of Disbursement or Obligation
Type	
Name of Federal Candidate Supp	ort Office Sought: House District:
Орро	See President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify) ▶
Other (specify)	
(a) SUBTOTAL of Itemized Independent Expenditures	13800.00
(b) SUBTOTAL of Unitemized Independent Expenditures	············ >
(c) TOTAL Independent Expenditures	13800.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
PAUL KILGORE [Electronically Filed]	Date 10 27 2014
Signature	